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ABSTRACT

This guide for child care providers in South Dakota offers guidelines for including children with disabilities in child care services. The materials in the guide provide information on: what inclusive child care is; characteristics of the good child care provider; the importance of "child first" terminology; commonalities of all children; the importance of teamwork with the child's educational program providers and parents; requirements of the Americans with Disabilities Act; communication strategies for providers; strategies for managing small groups to include children with specific disabilities; answering children's questions about disabilities; equipment and adaptive devices; and evaluating and adapting toys. Also included are a suggested bibliography of children's books and descriptions of several South Dakota agencies that can provide additional assistance. (DB) (DB)

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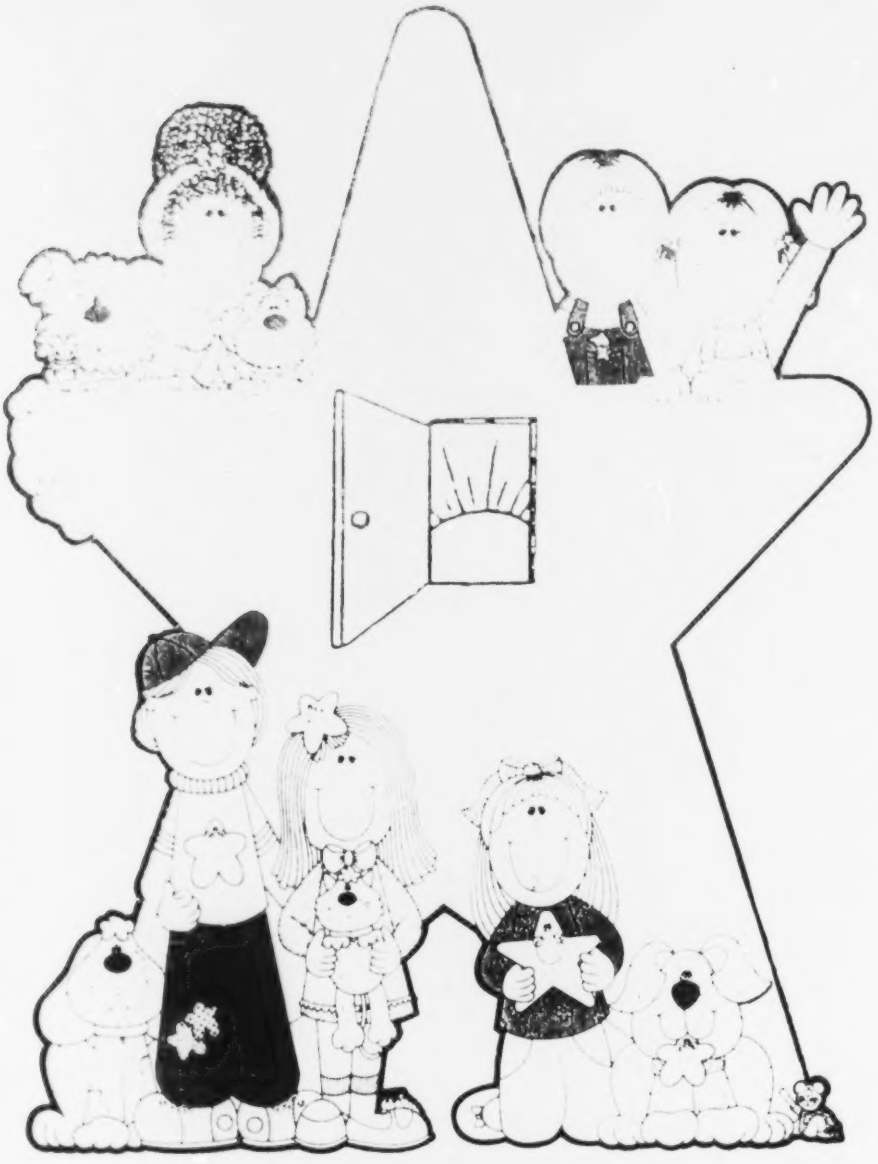
WELCOMING ALL CHILDREN

A Closer Look at Inclusive Child Care



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Prologue

Traci Bouman is a child care provider in Philip, South Dakota. She has served several children with special needs in her family home child care program.

I have been in the child care business for four years now. I have had children with "special needs" from the start. I am very busy with this job and have had no trouble staying full! Many times I have had to turn people away. I feel this is the most frustrating part of my job. I know it can be difficult for parents to find quality child care. Now, imagine how much greater trouble it is to find child care for children with special needs! Most of my "kids" do not have special needs, but they seem to integrate extremely well. They regularly seek out these special needs children to initiate games and conversation. I have seen a great deal of social improvement with both the special needs children and the other children.

I think children are children, and they are very honest and open with their feelings, thoughts, and emotions. The children with special needs have become more social, more open: knowing they are accepted by the other children. The other children in turn, are learning that the world is not a perfect place with all perfect people, but that we can all learn to live together, work together, and play together. I feel this is an excellent way to teach children about not discriminating and we could learn a lot from them!

In turn, this has also been great for me. I confess, I also have stereotypes of what people with disabilities should be like. This has helped me to realize in a greater way that we are all here together, and if we can learn to accept one another for what we are, the world has to become a better place. This learning process is much easier at a younger age.

In closing, if we can help children and adults learn to be less discriminatory, then child care is a natural place to start. I would do it again in a second! If you are considering having your child enrolled in a day care where special needs children are integrated -- do it!. Your children will benefit, the special needs children will benefit, and you also, will benefit. If you currently have a child care business and are considering enrolling special needs children -- I really recommend a trial basis! Don't be afraid to try. You might find it's not any harder and there are many rewards.

Traci Bouman, Philip, SD

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Purpose

The purpose of this booklet is to introduce the concept of providing Child Care services for children with disabilities along side the children with whom you are already working.

Parents of children with disabilities look for the same characteristics in child care that all parents want for their child:

- A home-like environment that is safe;
- Care givers who are warm, nurturing, and caring;
- An environment that stimulates development through play and meaningful activities;
- An environment that promotes the development of communication, problem-solving and inter-relationship skills; and
- A care giver who appreciates the unique characteristics of their child and encourages healthy growth and development on an individualized basis.

Parents look for child care so they can work, spend time with family members, rest, participate in recreational activities, or so their child can play with other children. While these reasons are common to many families, securing care for a child with a disability can a be very different experience.

Some reasons providers cite for their reluctance to provide care for children with disabilities are lack of necessary knowledge and expertise and lack of resources to hire additional help or make necessary adaptations to the physical setting.

We are aware you are a professional already providing child care services, therefore, we do not address the basic issues of safety, cleanliness, etc. in this document.

This document focuses on specific topics, strategies, and interventions that will increase your skills as a provider to care for all children.

WHAT IS INCLUSIVE CHILD CARE?

An inclusive child care program is one that addresses the needs and interests of each child (including those with disabilities) and has the same characteristics as any good child care program. Inclusive child care provides and includes experiences that are appropriate for children with and without disabilities -- playing and learning together with typical days' experiences and routines.

Inclusive child care programs include children with and without disabilities. Among all these children, however, there will be a wide variety of needs, strengths, talents, and interests.

How do inclusive child care programs differ from specialized programs for children with disabilities? Inclusive child care programs provide a natural learning environment and typical day-to-day experiences for children. Specialized programs (such as special education preschools or therapy services) provide treatment or training for children's specific developmental, physical, or medical disabilities.

How many children with disabilities does a program have to have before it is considered "inclusive"? There is no "magic" number. What is important is how and how well each child is included. The number of children with disabilities in a program should reflect a balance between the program's resources and the needs of each individual child. Child care providers should match what their program has to offer with what each child and family needs and wants.

What are some of the benefits for children in an inclusive program? Child care settings provide a playful and natural environment for children to grow and develop. Children with disabilities benefit from these every-day-little-kid experiences. Children in inclusive environments have an opportunity to become aware of differences and similarities between themselves and their peers.

Quality Characteristics

If you can answer yes to the items on the following checklist, you probably have what it takes to provide quality care for all children.

- Has a strong sense of responsibility and views child care as an important profession
- Is warm, affectionate, patient and understanding with children and their parents
- Has a sense of humor
- Is flexible and can change care giving techniques to suit the need of each child
- Enjoys participating in activities with children
- Is able to deal with the business aspects of child care
- Communicates and cooperates with parents
- Understands the changing and diverse needs of children as they grow and develop
- Seeks continuing training and education to build skills and understanding of the care needs of all children

Providing an inclusive child care program has many rewards. Working with parents and families as full team members in nurturing children and addressing unique issues increases the opportunities for you to make a contribution to a family's life.

Professionals in Child Care

Caring for children is important work and a great responsibility. Child care providers touch the lives of hundreds of thousands of families and children: You play an important role in your communities.

As a child care provider you model acceptance, belonging, equality, impartiality, patience, kindness, versatility, and caring. You as a child care provider are already doing what is necessary to provide quality care for children with disabilities and may not even know it.

- You already make small and subtle modifications to accommodate the needs of individual children.

Examples:
Giving a special blanket to make nap time easier.
Providing 100 piece puzzles for some children and 20 piece puzzles for others.
Offering different size spoon or bowl for feeding.
Offering a hand to a particular child to make crossing the street safer.

Most children will not require major changes to your usual routine of service delivery.

It is evident that child care providers are very special; their capacity for caring and compassion are overwhelming.

Professionals in the field of child care must approach their responsibilities in a conscientious manner. Maintaining confidentiality is important to you as a professional and a trusted part of a child's life. The practice of assuring confidentiality for all children in your care applies equally to children with disabilities. Discussing children with someone other than the child's parents, breaks confidentiality. You must be careful to protect the privacy of all families.

Conscientious providers understand that releasing information to other professionals when there is reasonable concern that a child may be neglected or abused applies equally for children with disabilities. If you need information about these important reporting requirements, contact the Office of Child Care Services at 1-800-227-3020 or your local Department of Social Services, Division of Child Protection. Remember that these rules apply to **all** children, including children with unique care needs.

It's the Child First, Then the Disability

The language a professional uses to describe children sends a powerful message. What is the proper way to describe a child who has a disability? Consider how you would introduce/describe a child who doesn't have a disability. You would give:

- his/her name
- where he/she lives
- what he/she likes and doesn't like; soccer, swimming, ice cream, etc.

Why say it differently for a child with disabilities? Every child is made up of many characteristics and no one wants to be identified only by one of the their abilities or by their limitations.

In speaking or writing, remember that children with disabilities are like everyone else--except they happen to have a disability. The language we use to describe children with disabilities has the power to shape ideas and does have an effect on societal attitudes. Using the appropriate language in all aspects of your work will help to create a mind-set of inclusion of children with disabilities in to all aspects of our society.

Here are a few tips for improving your language related to disabilities.

1) Refer to a child's disability only if it is relevant.

2) Use the term "disability" rather than "handicap" to refer to a child's disability.

3) Identify "a child with mental retardation" rather than "a mentally retarded child".

4) Use the terms "children without disabilities" or "typical" life comparisons instead of "normal".

5) Describe a child "using a wheelchair" instead of "confined" or "wheelchair bound". Mobility or adaptive equipment affords a child freedom and access.

6) Choice and independence are important: Let the child do or speak for him/herself as much as possible.

7) Emphasize abilities, not limitations.

All Children are Children First

Children with disabilities are children first. A child's growth and development may be delayed in certain areas, but the most important outcomes for children with special needs are the same as they are for children with typical patterns of development. Being aware of ALL children's abilities creates a positive atmosphere for child care.

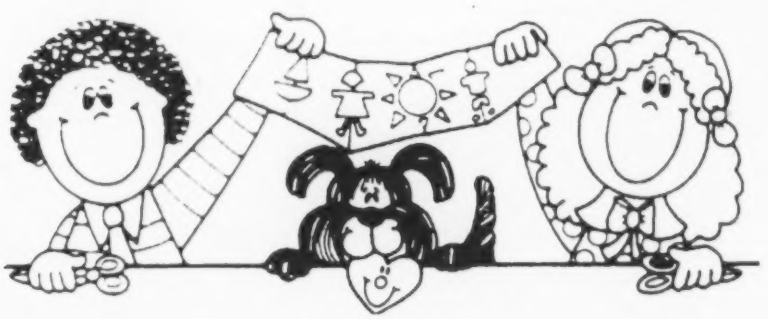
All children need:

- to develop feelings of self-worth and self-trust
- to become as independent as possible
- to develop trust in others
- to develop to the fullest of their abilities

Children are marvelously complex people who experience the world differently at different points in their development.

As children with and without disabilities interact as playmates, classmates, and friends, opportunities arise to break down barriers and help people to understand each other better. Inclusion of all children can help us to create a society that accepts and values persons with and without disabilities as contributing members of society and of all community life.

All children want to be included. Children need to hear, ***"Welcome, come and have fun with us!"***



A Parent's Perspective

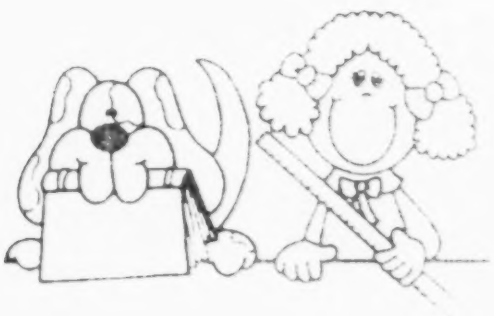
For my son, it seemed that once someone hung a label on him it became everyone's task to fix him or cure his disability. I never have understood where anyone got the idea he was broken. His medical condition cannot be cured, it can be managed. His developmental disability is just a part of his uniqueness.

We need to get away from the idea that children with disabilities are broken and move on to accepting individuals the same way we would want to be accepted.

My son and all children with and without disabilities are OK! just the way they are!

Parents of children with disabilities are parents first. They experience the same joys and turmoil of everyday life as other parents. They share common concerns and interests and want to be involved in the experience of child care in many of the same ways that other parents might. They know what it is like to raise and care for THEIR child with disabilities.

When a child enrolls in your program, child care providers need to know about her "every-day-little-kid" needs as well as needs related to her disability. Parents have valuable information about their child's needs, and providers can benefit from this information by letting parents know their participation is welcome -- in whatever way they want to be involved. They can answer questions about their child's care needs, share helpful hints, and explain the care giving routines that occur at home.



Teamwork to Meet Children' and Families' Needs

Children with disabilities should have an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) which can give you important information about them. This can be made available to child care providers simply by requesting a copy from the parents and discussing with parents how the document will increase your ability to meet their child's unique needs.

The IFSP, for children from birth to three years old, tells of the child's current needs and services. The IFSP describes the child's developmental skills and abilities, the early intervention services currently in place, outcomes and objectives for the child and family, and the family's resources and concerns.

The IEP is the public school's plan for educational services for the child -- usually starting at age three. The IEP addresses the child's competencies as well, and lists educational goals; it usually does not contain information about family resources and concerns.

You can expect to find the following information in the IFSP/IEP document:

- Current Developmental Information
  Child's current level of development, abilities, and emerging skills

- Outcomes/Goals--major activities that the team members agree on. For example:
  Objectives--specific, measurable ways to target skills for the child to learn. For example: Objectives describe what, how, when the child will do the activity and must be written in a way that lets team members see if progress has been made.

The IEP/IFSP are developed with the family by a team of educational and related services personnel. Team members always include parents, and may include other family members, special education teachers, speech and physical therapists, audiologists, physicians, social workers, public health nurses, and of course, the child care or preschool provider. Each team member provides valuable experiences for the child.

The IFSP/IEP is a tool that can help you to adapt your routines and activities and help a child become a successful part of your group.

Observing the child, noticing developmental changes, and giving feedback to other team members will be helpful in planning. You see the child in relation to their peers, the kinds of things they are interested in doing and how they respond in new situations. This information is very helpful in developing new outcomes and objectives.

Some suggestions for participating as a team member:

- Review current literature/materials about the child's disabilities.
- Ask child care providers who care for children with disabilities for ideas and feedback (remember confidentiality).
- Confer with parent(s) on a regular basis.
- Ask the family for a copy of the IFSP or IEP.

WITH WRITTEN PERMISSION OF CHILD'S PARENT OR GUARDIAN ONLY:

- Encourage therapists to schedule therapy and/or training during child care activities.
- Observe the child in other settings (i.e., therapy, home, preschool, evaluation).
- Contact the individuals providing services (especially the service coordinator) to ask questions and convey your interest in receiving current information.
- Ask about receiving training and information about strategies to enhance the child's development during child care activities and routines.
- Arrange with parent(s) (or service coordinator) to be included in planning and reviewing the developmental plan (IFSP, IEP).

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How the ADA Applies to Child Care Settings

The Americans with Disabilities Act (ADA) applies to child care providers. Here are answers to some of the most frequently asked questions about how this federal law might apply to you:

Q. What is the Americans with Disabilities Act (ADA)?

A. The ADA is civil rights legislation designed to protect people with mental or physical disabilities from discrimination based upon disability.

Q. What does the ADA mean for a child care center or a family child care home?

A. The ADA affords children with mental or physical disabilities the opportunities of community life. Part of community life is the opportunity to benefit from being in a child care setting. Children can no longer be excluded from a child care setting on the basis of disability.

Q. Are there benefits to including children with disabilities in a child care center or family day home?

A. Yes. All children benefit when children with and without disabilities are served in the same child care centers. Children with disabilities learn important personal and social skills that they might not otherwise learn in segregated settings (Biklen, Corrigan & Quick, 1989).

Children who do not have disabilities benefit by demonstrating improved self-concept, growth in social cognition, increased tolerance of others and decreased fear of human differences (Peck, Donaldson & Pezzoli, 1990).

Q. Can any of the costs incurred by complying with the ADA be passed on to the families of children with disabilities?

A. No. However, such costs can be passed on to all participants like any other overhead cost. Centers may be eligible for a tax deduction or tax credit.

Q. Can child care providers charge more for tuition for children with disabilities?

A. Under the ADA, child care providers cannot charge the family of a child with disabilities for the total costs of having to comply with the ADA. Costs must be spread out to all the families enrolled, or taken as a tax credit or tax deduction. However, there are some exceptions. It appears that families may be charged for measures which exceed compliance with the ADA, or when a child care provider would not be required to make an accommodation or remove an architectural barrier because it would pose a financial or administrative hardship.

Q. What kinds of accommodations would a child care center be required to make under the ADA?

A. Of course architectural modifications are the kinds of accommodations that most people think of. But there are many less expensive accommodations that also meet the needs of children with disabilities. It may mean adapting snack preparation and schedules to meet the dietary requirements of a child with diabetes, or providing games, puzzles and toys that reflect a wide range of abilities and development. It may mean using more visual information during activities that include children with hearing impairments.

Strategies for Providers

Communication

As a child care provider, you spend many hours each day playing with and caring for young children. With a little planning, you can turn those play times and care giving routines into learning opportunities to promote communication skills.

Every child communicates. Eye signals, brief gestures, and multi-word sentences are all important signals of the child's needs and interests. By taking advantage of the opportunities that exist in child care settings to encourage children to develop and practice communication skills, you can turn your typical routines into teaching routines for all of the children in your program.

The following are a variety of strategies which can be used to help develop communication skills. None will require a drastic change in your routine.

1. **Mirroring**...If you can imagine looking in a mirror, you have the basic idea behind mirroring as a way to facilitate a child's communication skills. You simply mirror or imitate the child's behavior (facial expressions, gestures, or body postures).

   The action you imitate should be initiated by the child. For example, when holding a young child you might have several opportunities to mirror the child's utterances. If the child makes a sound such as "mmmm" or "mamamama", repeat or mirror the sound. Actions and gestures (clapping, playing with a toy car) initiated by the child should also be mirrored.

   This strategy is an especially important tool to use with children who are not yet using words. It gives a sense of importance to a child's action or gesture and allows a child who is non-verbal to take an active part in an interaction.

2. **Parallel talk**...To use parallel talk, sit next to the child and provide a running commentary describing the child's actions. Use short simple phrases and use words to describe what the child is seeing, feeling and doing.

For example, if a child is trying unsuccessfully to retrieve a toy, you can use words such as "stuck", "uh-oh", or " help, please" to express the frustration or desire for help that the child obviously feels. After you have given the child appropriate words to express the situation, offer assistance as you normally would.

Parallel talk is useful because it attends to what the child is interested in, stresses familiar words, and introduces new words. It is also helpful when a child is frustrated but unable to verbalize the feeling. By watching for cues from the child's body as well as those from the situation, you can interpret what the problem might be and supply the child with the verbal information he needs to describe the problem.

3. **Self-talk**...Self talk is similar to parallel talk but mean describing what **you** are doing, thinking and feeling.

For example...If you are preparing an art project, you might say "time to paint", "here's the paper", "I like art", etc.

The descriptions should be appropriate to the child's level of interest and understanding. One or two word descriptions are probably best for a child who is non-verbal. If the child is using one word phrases, two to three word self talk phrases are appropriate.

With self talk, as with parallel talk, you give the child new words and combinations of words that may be imitated in time. Try to make your monologue or commentary as natural and interesting as possible. This attracts the child's attention to what you are doing.

4. **Reflecting**...Reflecting is listening to what the child has said and repeating it back to them, using correct words and grammar. It does not mean correcting so be careful not to use a disapproving tone of voice, or corrective phrases such as "not like that".

Example... child "widdle goggie"
adult "little doggie"

This is a wonderful strategy for promoting communication skills in children who are verbal. Your encouraging tone will motivate the child to continue trying. The child will gradually learn to correct themselves just from hearing your model.

5. **Expansion**...to use expansion, listen to the child and then repeat what they have said in a more mature form.

Example... child "water"
adult "more water"

child "eat"
adult "would you like to eat?"

You reply in a slightly more elaborate way usually giving more information.

This is most appropriate for children who already use words or signs to communicate. Depending on their communication level, add a word, a few words or an entire phrase.

Don't expect the child to imitate your response immediately. Even if the child doesn't repeat the words you model, you provide new information about putting sentences together to communicate.

6. **Turn Taking**...An important part of communication is dialogue with others, each person taking a turn in the conversation.

Turn taking can be used to establish a conversation pattern that includes listening and paying attention as well as responding. You can combine this strategy with mirroring, expansion or reflecting.

After you take your turn, pause and give the child a chance to respond. Be sure to allow enough time, some children will take longer than others.

This is not a good strategy to use when you are in a hurry. It is most effective when you have time to play with the child or are involved in a task together such as diapering or hand washing.

7. **Creating Opportunities**...In this strategy you move from encouraging the child to communicate to challenging the child. You literally create a situation that requires the child to communicate.

   You might place a colorful new toy just out of reach of the child. In order to play with the toy the child will need to use gestures or words to communicate their desire to you.

   Suppose you offer the children juice and hand them the empty cup but forget to pour the juice or you give them a bowl of soup but no spoon. A child might say "I need a spoon" or another may look up at you in surprise. Either way an important communication opportunity exists that would not if glasses are always provided with juice or soup with spoons.

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Small Groups

Children with vision problems are sometimes called visually impaired or blind. When planning activates that include a child with a visual impairment, be sure to consider whether the child has partial vision or no vision. Once you have that information (usually from parent or other professional) you will have a better idea of the adaptions to make in your small group activities.

Considerations for small group success for the child who has a visual impairment:

- Arrange your environment so that lighting and seating help the child to see as much as possible
- Change the environment only gradually. Give the child time to adjust to the changes before making others.
- Call a child by name when you need her attention.
- Give clear, specific directions.
- Translate gestures into words.
- Describe and label demonstrations, objects, & actions of the other children.
- Use visual images that are simple, uncluttered, & bold.
- Begin activities with few materials. Introduce additional materials gradually.
- Encourage all children to try new sensory experiences.

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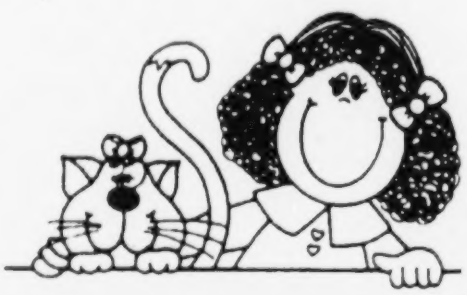

The child with a hearing impairment may be completely without hearing or may use adaptive devices (such as hearing aids) in order to be able to hear to his/her fullest ability. If the child's hearing is severely impaired, you and the other children should take extra steps to insure that you have the child's attention before communicating.

Considerations for small group success for the child with a hearing impairment:

- Learn about any adaptive aids the child uses.
- Eliminate noisy distractions & background noise.
- Get the child's attention before beginning the activity, giving directions, or introducing additional materials.
- Speak clearly & use accompanying gestures when you talk.
- Communicate visually (with pictures, objects, gestures, & signs).
- Have the child let you know when he doesn't understand.
- Rephrase a statement rather than repeat it.
- Provide opportunities to practice talking & listening.

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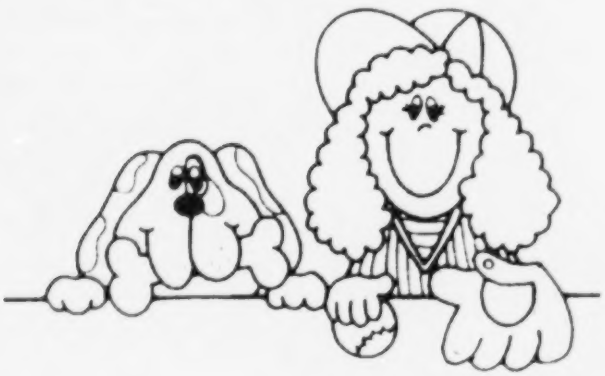

Physical disabilities in children are sometimes referred to as motor impairments or motor delays. "Motor" refers to the use of the muscles. Generally speaking, motor impairments involve the coordination, strength, and control of the child's muscles.

Considerations for small group success for the child with a motor impairment:

- Remember that physical delays/impairments do not always have an accompanying mental disability.
- Know the child's physical abilities & limitations.
- Be familiar with any special positioning or handling needed by the child.
- Become familiar with adaptive equipment and know how to use and care for it.
- Support and encourage what the child can do physically.
- Allow extra time for transitions, positioning, and practice during activities.
- Present "thinking" challenges.
- Foster independence by focusing on the child's nonphysical abilities.

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Children who are behind in typical mental development for their age are sometimes referred to as having a cognitive impairment or cognitive delay.

Considerations for small group success for the child with a cognitive delay:

- Keep in mind the child's chronological age and provide opportunities for peer interactions and activities accordingly.
- Provide a variety of cues (words, pictures, signs, room arrangement, labels, gestures, etc.) to help the child understand what is expected.
- Provide structured routines to help the child organize her day independently.
- Have clear transitions; avoid abrupt changes in activities.
- Allow time and opportunity to practice new skills needed for activities.
- Provide age-level as well as developmental challenges.

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Responding to Questions About Disabilities

Children are curious and eager to learn about their environment, about life, and about people. They actively explore, manipulate, and experiment with their environment. They are being exposed to new situations and developing their language abilities.

As children become more social they begin to notice similarities and differences between people. Children seem to notice what is most observable and ask questions. They often want to know:

- What is disability?
- What's it like to have a disability?
- Why someone has a disability?
- Is it "catchy"?
- How can I help someone with a disability?

Children usually ask honest and direct questions like: "Why can't he walk?" or "Why does she wear a hearing aid?"

It is important for child care providers to understand and appreciate the child's level of thinking and respond to their many questions in appropriate ways. Below are some examples that may help you express ideas regarding a disability to a young child.

- Child: "Why does she have those things on her legs?"

  Adult: "Those are braces; they help her walk; they support her legs."

  (Hint: This response would also be appropriate for any kind of support equipment: walker, crutches, etc. Allowing children to explore a walker, wheelchair, or braces (with close supervision) may help remove some of the mystery attached to unfamiliar equipment.)

- Child: "She's a baby because she wears a diaper."

  Adult: "No. She can't feel when she has to go to the bathroom--so she needs a diaper."

  (Young children are very proud of the fact that they no longer need to wear diapers. This is something very curious to them--that someone other than a baby would need to wear a diaper.)

- Child: "What is that on his ear."

  Adult: "It's called a hearing aid and helps him to hear."
  (Special glasses, hearing aids, eye patches, or head guards may indeed appear to be toys to young children. We need to explain the purpose of such apparatus as simply and directly as possible.)

- Child: "I can climb up these stairs really fast--faster than him."

  Adult: "Yes, you can. Some people go fast and some go slow. That's okay."
  (Sometimes it isn't the equipment that a child wears that draws attention. Children like to be fast, strong --the best. They like to race and compete. Someone who lags far behind the rest is quickly noticed.

Remember!!!!!!! Appreciation of differences in children depends on the adults in the child's life. Children often model adults' behavior. The adult who shows appreciation for all children, who is sincere and praises each child's strengths, and recognizes each child's uniqueness, sets an example that will be followed by all children.

POINTS TO REMEMBER

Is your answer:

- honest and direct?
- age-appropriate?
- sensitive to the children?
- simple, yet accurate?

Does your answer:

- offer information to satisfy the child, yet avoid confusion?
- help the child appreciate differences?
- emphasize strengths?
- show support and respect?

Adapted from "Explaining Special Needs" by Donna Jaarvenpa, MA, Coordinator, Child Study Center, School of Family Studies and Consumer Sciences, San Diego State University.

Equipment and Adaptive Devices

Adaptive equipment is any device or object which helps a child overcome physical limitations and facilitates increased independence. Items such as wheelchairs, braces, or alternative communication devices are examples of adaptive equipment.

Adaptive equipment is used for a number of purposes including:

- Positioning
- Mobility/transportation
- Communication

Understanding the need for and uses of specialized adaptive equipment is a key part of successfully working with children who have disabilities. Guidelines for adaptive devices:

1. **Practice** using the device with the child while parents and others are present. Ask questions about appropriate ways to use the device in meeting the child's unique needs.

2. **Know** the relevant safety measures (such as locks for brakes, straps for support) for each device that you use. Ask the child's parents to demonstrate uses of the device before using the device yourself.

3. **Observe** carefully and be aware of any discomfort experienced by the child; **immediately report** any problems to the child's parents.

4. **Watch for** and notice any changes, such as devices that have become too small for the child due to child growth.

5. **Try out** the device yourself, if possible. This will give you a better understanding from the child's perspective. Curious children will want to explore and experiment with this fascinating equipment, also. Be sure to fully supervise any use of the device with children.

Toys

You already know what's important when selecting toys for your child care setting - they need to be durable, the right size for your environment, colorful and safe.

A few extra considerations when you include children with disabilities:

Accessible - Children of differing abilities should be able to play in, on or with the toy with little or no help. A teeter totter with handle bars and a back rest promotes more independent use than one without.

Adaptable - It's more important that each child be able to do something playful with a toy than it is for children to all do the same thing or play in the same way with the toy. Modifications expand the use of the toy for all children.

Interactive - For young children, important skills are acquired from frequent contact with play materials and peers. The give and take during play activities and care giving routines in your child care program allows for experiences which are necessary to learn appropriate skills at varying developmental levels.

Toys should encourage children to play face to face or side by side. Duplicates of materials arranged together allow for verbal and non-verbal communication and may minimize squabbles.

Analyzing Toys

The chart on the following page provides a way to identify toys that meet the unique needs of children at varied levels:

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DESCRIPTION OF SOCIAL INTERACTION PLAY MATERIALS

A: Accessible B: Be adaptable C: Cooperative
D: Designed for two E: Extra sensory

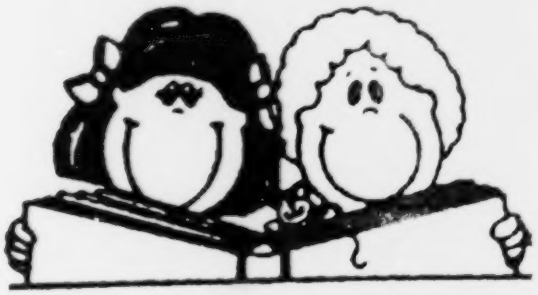
Play materials	Description of play materials or alternative	ABCs	Modifications
Parachute	Sturdy, multicolored, high strength, nylon/canvas circle, 6'-12' in diameter. A large bed sheet serves same purpose. Used for movement and cooperative, noncompetitive play.	ABCDE	A/B/C: attach handles or straps along edges to hold onto or slip over wrists; sit on floor or in chairs to play.
Pegs/ pegboard	Large board with 1" holes in which 25-100 multicolored pegs may be placed. Other sets of oversized play materials elicit similar interactive play. Used to practice fine motor skills, stack, match colors, make patterns.	ABE	A: place pegs/pegboard on floor. C: use fewer pegs or divide pegs into two or three containers. D: place pegboard on table surrounded by chairs. Or hang on wall, with pegs in 2 or 3 containers.
Rocking boat/steps	Rigidly constructed of wood or plastic, doubles as stairs/steps when inverted. Seats 2-4 children, measures 4' x 2'. Swing glider and teeter-totter are cooperative substitutes. A large, sturdy box cut to look like a boat and equipped with chairs or pillows closely approximates the intent if not the action of this toy. Used to climb, rock, and act out dramatic play themes.	BCDE	A: push boat/steps against wall. B: use bolsters/wedges in boat for physical support.
Sand/ water table	Sturdy table of varying heights with waterproof insert & built in drain. Has wooden top/cover to use as table top. Dishpans or acrylic shoe boxes are substitutes. Used for discovery, imaginative, and sensory play.	ABCDE	A: use steps/low stool; raise/lower table height. B: use rice, cornmeal, puffed wheat, beans, or soapy water. E: push against wall for 2 or 3 children so they must stand near each other.
Tumble Ball	Extra-large (16"-37") lightweight ball of thick vinyl plastic with nonslip surface, designed for rugged use. Punch ball or 48" beach ball are possible substitutes, though not as durable. Used to push, bounce, roll, lift, toss, and ride or hop on.	ABE	A/B: deflate ball slightly. D: group two or three balls together. E: suspend ball from ceiling or pole.
Wagon	Traditional toy of various heights, sizes, and materials, readily available at yard sales and toy stores. Untippable style has low center of gravity, guardrail to hold onto, and upright handle. Substitutes could be a stroller or pushcart--anything children push or pull and sit in or on. Used to get in and out and ride in, push and pull, fill and empty, and act out dramatic play.	BCDE	A: use steps or acquire low wagon. B: use adaptive chair or bolsters; attach wagon handle to back of wheelchair, so wheelchair can pull wagon. D/E: acquire wagon large enough for two children in wagon bed.

Books and Stories for Children

Are there sturdy books in your toy box? Choosing a book is as important as choosing a doll, truck or puzzle. Books provide information about the world, teach new words and language ideas, and are a wonderful way for parents and children to have a good time together.

Books for and about children with disabilities are not often part of our libraries. The following books are about children with disabilities or convey what it is like to have a disability. Using these books can help promote understanding (awareness) of children with disabilities and further the inclusion and appreciation of children with disabilities (in child care settings and communities) .

These books are available through a local bookstore or can be ordered if the books are not in stock. Books can also be ordered directly from the publisher and many of them can be found in the public library. The following books are written at a preschool to early school age level. There are an increasing number of children's books written about children with disabilities. We encourage you to be very selective in choosing books to read to children in your care, as well as in choosing audio, visual and other materials.



BIBLIOGRAPHY FOR A CHILDREN'S LIBRARY

Holcomb, N., **Andy Finds a Turtle**, Jason & Nordic Publishers, Eston, PA, 1987.
Summary: Andy's physical therapist calls him a turtle one day when he is feeling uncooperative, and thus begins a search to find a turtle, during which he becomes a small hero and learns something important about himself.

Rabe, B., **Balancing Girl**, E.P. Dutton, 201 Park Avenue South, New York, NY, 1981.
Summary: Margaret was born with Spina Bifida and her special skill helps her earn money for the school and the respect of her classmates.

Holcomb, N., **Cookie**, Jason & Nordic Publishers, Exton, PA, 1989.
Summary: A young girl with Down Syndrome experiences the challenge of being unable to verbally communicate her most basic want and desires. The frustrations are obvious as is the joy of accomplishment when the sign for cookies is learned and used to communicate her wishes.

Yashima, T., **Crow Boy**, Scholastic Inc., 730 Broadway, New York, NY 10003, 1965.
Summary: Crow Boy is taunted by his classmates because he is different. By the end of the story his classmates learn to appreciate and respect him.

Simon, N., **Why Am I Different**, Albert Whitman & Col, 1976.
Summary: This book portrays everyday situations in which children see themselves "different" in family life, preference, and aptitudes, and yet, feel that being different is all right.

Hill, E., **Where's Spot**, (Sign Language interpretation), Putnam Books, 1987.
Summary: A peek-a-boo book with text in both words and pictures of sign language.

Rabe/Schmidt, **Where's Chimpy**, Albert Whitman & Co., 1988.
Summary: The text and photographs show Misty, a little girl who has Down Syndrome and her father reviewing her day's activities in their search for her stuffed monkey.

Kuklin, S., **Thinking Big**, Lothrop, Lee & Shepard Books, NY, 1986.
Summary: Eight year old Jamie has dwarfism. This honest portrayal of her daily life sensitively addresses feelings, questions, and concerns.

Zuess, **The Sneetches**, Random House, NY, 1961.
Summary: A story about how differences are not accepted and are looked down upon at first. Differences don't really matter after all and everyone lives happily together.

Brown, T., **Someone Special**, Just Like You, Henry Holt, NY, 1984.
Summary: Black and white photographs of preschool children with disabilities are accompanied by a very simple text. The children are shown at play and in school, discovering the world around them, at home and with their friends. It is a simple but eloquent statement about differences and similarities and about what makes every child special.

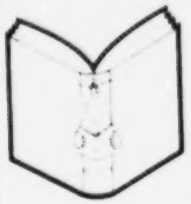
Moss, **Shelley, the Hyperactive Turtle**, Woodbine House, 1989.
Summary: The story tells of Shelley and his family as they face the challenges presented by his hyperactivity. The book explains hyperactivity directly to children and ends on a reassuring, positive level, yet gives a realistic look at hyperactivity.

Lasker, J., **Nick Joins In**, Albert Whitman & Co., Chicago, 1980.
Summary: Nick, who uses a wheelchair, was scared because soon he would be going to school instead of school coming to him. He enters a regular classroom. Nick as well as his classmates resolve their initial apprehensions and make the adjustments very well.

Rosenberg, M., **My Friend Leslie**, Lothrop, Lee, Shepard Books, NY, 1983.
Summary: A kindergarten girl narrates this story about her friendship with Leslie, a classmate with multiple physical disabilities. The description of her friend and of their first school year addresses many of the questions and feelings that are likely to arise when children or adults meet someone like Leslie.

Cairo, S., **Our Brother Has Down Syndrome**, Annick, Toronto, Canada, 1985.
Summary: Two young sisters tell about their little brother with Down Syndrome. The simple text gives a clear explanation of Down Syndrome and stresses a real kid who does lots of things--plays, learns, loves and gets into mischief.

Draus, R., Leo, **The Late Bloomer**, Windmill Books and E.P. Dutton, 1971.
Summary: Leo the tiger cub just can't do much of anything he's expected to do: he can't draw, he can't write, never says a word, and is a sloppy eater. His father worries, but his mother says that Leo is a "late bloomer." And sure enough, given time, Leo does bloom. This story expresses the idea that children develop at different speeds and that some need more time and understanding.



Fassler, J., **Howie Helps Himself**, Albert Whitman & Co., 1975.
Summary: A child with cerebral palsy enjoys playing and learning on some days, and feels tired and angry, and clumsy on others. The book shows him in a range of everyday activities. He wants more than anything to be able to move his wheelchair all by himself. Finally, after lots of persistence and hard work he is successful.

Moss, **Lee, the Rabbit with Epilepsy**, Woodbine House, 1989.
Summary: The story tells of Lee and her family as they face the challenges of epilepsy. Through Lee's diagnosis and treatment the book explains epilepsy directly to children. The story helps to reassure the entire family with a positive, yet realistic look at epilepsy.

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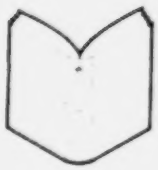
Maris, R., **I Wish I Could Fly**, William Morrow, 105 Madison Ave., NY, NY 10016, 1986.
Summary: A story about a turtle who wants to do things like other animals but cannot because limitations posed by being a turtle. At the end he discovers his special talent.

Aseltine, Mueller, Tait, **I'm Deaf and It's Okay**, Albert Whitmen & Co., 1986.
Summary: A young boy describes the frustrations caused by his deafness and the encouragement he receives from a deaf teenager that he can lead an active life.

Emmert, M. **I'm the Big Sister Now**, Albert Whitman & Co., 1989.
Summary: Amy Emmert, the older sister of the author, was born severely involved with cerebral palsy. In this book Michelle tells her sister Amy's story.



Gehret, J., **Learning Disabilities, and the Don't Give Up Kid**, Verbal Images Press, 19 Fox Hill Dr., Fairport, NY 14450, (716) 377-3807.
Summary: Alex is having trouble in school. He seems to be in a world of his own, has difficulty following directions, and really struggles with reading. This story helps youngsters with learning disabilities learn more about their strengths and needs, as well as helping others understand what it is like to have a disability.

Rogers, R., **Josephine, The Short Necked Giraffe**, Family Communications, 4802-5th Ave., Pittsburgh, PA 15213, 1975.
Summary: Josephine, distressed by her short neck, seeks help from her friends. When she learns that they need her, she learns to value herself.

Corrigan, K., **Emily Umily**, Annick Press, Canada, 1984.
Summary: A story about a young girl who stammers and stutters, how she is teased, how she feels, how the others learn to appreciate her, and how her self-esteem improves by the end of the story.

Nadas, B., **Danny's Song**, Family Communications, 4802-5th Ave., Pittsburgh, PA 15213, 1975.
Summary: Danny is a young boy who needs braces to walk. This book examines his anger and frustration when he can't keep up with his siblings, their responses, and his own pride in his feelings and accomplishments.

Lasker,J., **He's My Brother**, Albert Whitman & Co., 1974.
Summary: A young boy describes the experiences of his brother, who learns more slowly than others.

Holcomb, N. **Danny and the Merry-Go-Round**, Jason & Nordic Publishers, Exton, PA, 1987.
Summary: Danny, who has cerebral palsy, is at the playground watching other children play, until a friendly gesture from a girl named Liz gives him an unexpected adventure.

Evans, S., **Don't Look at Me**, Multnomah Press, OR, 1986.
Summary: A book about feeling different, changing, and feeling important.

Bennett, C., **Giant Steps for Steven**, Spina Bifida Association, 1700 Rockville Pike, Suite 540, Rockville, MD 20852, 1980.
Summary: Written by Steven's mother, this book offers a sensitive and open look at a four-year old child with Spina Bifida.

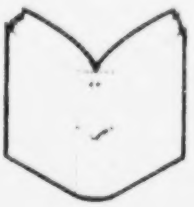
Holcomb, N., **How About A Hug**, Jason & Nordic Publishers, Exton, PA, 1987.
Summary: Though it takes much concentration and will for her to accomplish each task, a little girl with Down Syndrome appreciates many loving helpers along the way.

Litchfield, Ada B., **A Button In Her Ear**, Albert Whitman and Co., Chicago, Illinois, 1976.
Summary: A story about a girl who is hearing-impaired and likes baseball.

Arthur, Catherine, **My Sister's Silent World**, Children's Press, Chicago, Illinois, 1979.
Summary: A child describes her sister's hearing problem and the family's visit to the zoo.

Sullivan, M.B. & Bourke, L., **A Show of Hands**, Harper & Row, 1985.
Summary: This book is about sign language. You will see how to "talk" with your hands and "hear" with your eyes. There are more than 150 signs shown in this book.

Bergman, T., **Seeing in Special Ways**, Garth Stevens, Inc., 1989.
Summary: Come to school with Andrew, Katie, Jordan, Katherine, Peter, John, Todd, George, and Kent. Through interviews with them, Thomas Bergman uncovers some thoughts of children who are blind. We learn about how these children live each day, about their feelings, about the funny things and the sad.



Where To Begin

If you don't have children with disabilities in your child care program now but want to expand to include all children, a first step is to talk to care providers who are already including children with disabilities into their programs. Visiting an inclusive child care program would also be beneficial.

Next, let the public know you are interested. Programs available to serve children with unique care needs are very much in demand in most communities across the state. The child care resource and referral agency in your local community or state helps many parents find child care and provides assistance to child care providers in recruiting children.

You can also contact the early intervention agency in your region or state. That agency interacts directly with families who have children with disabilities and can promote your program to families seeking child care services. To find out who the contact person is in your local community, call the University Affiliated Program Information Line at 1-800-658-3080. This number is also a resource for information and resources regarding issues affecting children with disabilities and/or significant medical needs.

Resources

The following agencies are identified as resources to assist you in serving children with disabilities.

SDUAP Toll-Free Information Line and Resource Center

A wide variety of information and resources regarding disabilities, mental health, and alcohol and drug abuse is available from the SDUAP Resource Center through the SDUAP Toll-Free Information Line. Anyone needing speakers, care or training resources, disabilities related materials, or any other disability related information or resources is encouraged to call the SDUAP Toll-Free Information Line - 1-800-658-3080. The Toll-Free Information Line is answered in person from 8:00 a.m. to 5:00 p.m., Monday through Friday. After hours and on weekends, a message can be left on the Resource Center answering machine. Calls will be returned during regular business hours.

For more information, contact:

South Dakota University Affiliated Program
USD School of Medicine
University of South Dakota
414 East Clark Street
Vermillion, SD 57069
(605) 677-5311
1-800-658-3080 (Voice/TDD)

South Dakota Interagency Coordination Network:

This network was created through interagency agreements signed by the Secretaries of the Departments of Education, Health, Human Services and Social Services; as well as the State Court Administrator of the Unified Judicial System. The network provides a framework to promote the efficient organization and utilization of resources to assure access to necessary services for children and their families in South Dakota. The overall goal is to create a full continuum of services , maximizing the available resources from all agencies (Federal, state, regional, and local), while reducing gaps in service provision.

Regional Interagency Facilitators (RIFs):

The RIFs have been hired and trained to provide technical assistance to communities to help in the development of local interagency coordination networks that will address the issues related to children, birth to 21 years of age and their families. The RIFs are available to serve as a link to promote the flow of information between local communities and state personnel regarding needs assessment, data collection, long-term planning, conflict management, and program development.

For more information on the
South Dakota Interagency Coordination Network or
Regional Interagency Facilitators, contact:

Birth to Three Connections
Department of Education and Cultural Affairs
700 Governors Drive Pierre, SD 57501

(605) 773-3315

Office of Child Care Services, Department of Social Services:

The Office of Child Care Services for South Dakota has funded Resource and Referral Centers across South Dakota to assist parents in locating child care. This service is also available to providers who wish to have the service refer families for openings. To access the service in your community call:

Office of Child Care Services
Department of Social Services
700 Governors Drive
Pierre, SD 57501

1 (800) 227-3020